

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	2		2			
6	0		1			
7	1		1			
8	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	12	←	10	←		
TOTAL CLAIMS	13	██████████	11	██████████		

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.			1	→		
TOTAL DEP.			10	→		
TOTAL CLAIMS	13	██████████	11	██████████		